Please type a plus sign (+) inside this box

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## REVOCATION OF POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/037,593	
Filing Date	10/19/2001	
First Named Inventor	Kulig, Matthew P.	
Group Art Unit	2152	
Examiner Name	Unknown	
Attorney Docket Number	1004.P001 US	

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:					
		RECEIVED			
✓ A Power of Attorr	ith.	JUL	3 0 2002		
OR		_	y Center 2100		
Please change the correspondence address for the above-identified application to:					
☐ Customer Number ☐				Place Customer Number Bar Code Label here	
OR Firm or				,	
Individual Name	Some and the second sec				
Address	Company of the compan				
Address	* (relativ				
City	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1			
Country	** 7 A	State		ZIP	-
Telephone	- n	Fax	· · · ·		
I am the:  Applicant/Inventor.  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)					
SIGNATURE of Applicant or Assignee of Record					
Name Matthew P. Kulig					
Signature Matthey Luly					
Date $4/24/02$ .					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
	s are submitted.				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



# 7 PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035

Approved for use through 10/31/2002. OMB 0631-0033

S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/037,593
Filing Date	October 19, 2001
First Named Inventor	Kulig, Matthew P.
Title	System and Method for Controlling
Group Art Unit	2152
Examiner Name	Unknown
Attorney Docket Number	1004.P001 US

l hereby a	ppoint:	<del>-</del>							<b>–</b>
☐ Pract	itioners at 0	Customer Number			<b>&gt;</b>		ce Cus mber E	tomer Bar Code	
OR			<u> </u>			Lat	el her	9	
× Practi	tioner(s) na	med below:							
<u> </u>		Name		_	Regis	tration N	lumbe	REC	EIVED
	lary Jo Bertan		J		,321 ,004				
	en J. Koestne	<u>r</u>		33	,004			JUL	B 0 200
		· · · · · · · · · · · · · · · · · · ·		-	<del></del>		Te	chnolog	Center 210
_									•
		· agent(s) to prosecut States Patent and Tra					trans	act all	
		espondence address						•	
_	•	espondence address ned Customer Numbe		ıııııeu	аррисац	on to.			
OR						Place C			
Practitio	oners at Cus	stomer Number				Numbe Label h		ode	
OR	_					Laberri	010		
Firm or Individua	ıl Name	KOESTNER BERTANI LLP							
Address		18662 MacArthur Boulevard							
Address		Suite 400							
City		Irvine		State	CA		Zip	92612	
Country		U.S.A.							
Telephone		(949) 251-0250		Fax	(949) 2:	51-0260			
I am the:									
Appli	cant/Invent	or.							
Assignee of record of the entire interest. See 37 CFR 3.71.									
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name	Matthew	P. Kulig	•						
Signature	M	Misso Kuli	in .						
Date 4/24/02									
		itors of assignees of recordis required, see below*.	rd of the entire interes	or their	represent	tative(s) a	re requi	red. Submit	multiple
□ *Total of	<del>-</del>	ms are submitted.							

PTO/SB/96 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031
U.S.Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respect to a collection of information unless it displays a valid OMB control number.

## STATEMENT UNDER 37 CFR 3.73(b)

SIAII	EMENT ONDER STOLK S.TOLD			
Applicant/Patent Owner: Matthew P. Kulig;	Timmy L. Brooks; John W. Lockwood; and Dav	rid K. Reddick		
Application No./Patent No.: 10/037,593	ication No./Patent No.: 10/037,593 Filed/Issue Date: October 19, 2001			
Entitled: System and Method for Controlling Tr	ansmission of Data Packets Over an Information	Network		
GLOBAL VELOCITY, LLC	, a Missouri corporation	1		
(Name of Assignee)	(Type of Assignee, e.g., corporation, partnership	, university, government agency, etc.)		
states that it is:		RECEIVED		
1. It the assignee of the entire right, title	e, and interest; or	JUL 3 0 2002		
	ownership interest is%	_		
in the patent application/patent identified	above by virtue of either:	,		
A. [x] An assignment from the inventor(s) was recorded in the United States which a copy thereof is attached.	) of the patent application/patent identific Patent and Trademark Office at Reel <u>01</u>	ed above. The assignment 2455, Frame 0483, or for		
OR				
B. [ ] A chain of title from the inventor(s) assignee as shown below:				
1. From:	To: in the United States Patent and Tradem	ark Office at		
	, or for which a copy			
2. From:	To:			
The document was recorded	in the United States Patent and Tradem, or for which a copy			
3. From:	То:			
The document was recorded	in the United States Patent and Tradem, or for which a copy	ark Office at		
[ ] Additional documents in the o	chain of title are listed on a supplementa	I sheet.		
	inal assignment document or a true copy sion in accordance with 37 CFR Part 3,			
The undersigned (whose title is supplied b	elow) is authorized to act on behalf of th	e assignee.		
4/24/02	MATThew	Kulia		
/ D <b>≱</b> te	Typed or	printed name		
	/ Montesa	nature		
	-	esident		
		Fitle		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.